



APPLICATION

North Carolina's *Money Follows the Person* Demonstration Project

ABOUT ME

MY NAME:	
MY BIRTHDAY (INCLUDING YEAR I WAS BORN):	
MY SOCIAL SECURITY NUMBER:	
MY MEDICAID NUMBER (IF YOU HAVE ONE):	
MY MEDICARE NUMBER (IF YOU HAVE ONE):	
MY PASARR, SIS SCORE (IF YOU HAVE ONE):	

INFORMATION ABOUT WHERE I LIVE NOW

NAME of the PLACE I LIVE NOW (Facility Name, address):		
MAILING ADDRESS OF WHERE I LIVE NOW:		STREET ADDRESS:
CITY:	COUNTY:	ZIP:
MY PHONE:		
SPECIAL INSTRUCTIONS FOR CONTACTING ME:		

HOW I AM COMPLETING THIS APPLICATION

- _____ I am completing this application without any help.
- _____ Someone is helping me complete this by reading the information and/or writing down my answers.
- _____ Someone is completing this application for me.
Name of this person and his/her relationship to me: _____

MY CLOSEST FAMILY AND FRIENDS:

NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	CELL PHONE:	
MY CONNECTION TO THIS PERSON: (circle one)			
Parent Brother/Sister Aunt Uncle Cousin Grandparent Friend Other			

GUARDIANSHIP

- ___ I do not have a guardian/I am my own guardian
- ___ The person listed in "My Closest Natural Supports" is my guardian.
- ___ Someone else is my guardian.

The guardian's contact information is:

Name/Company::

Address:

Phone:

Email Address:

WHY THE CENTER WAS THE ONLY OPTION FOR ME WHEN I ARRIVED:

I moved here in: _____ (approximate year I moved to this facility)

I moved here because:

(Check all that apply)

REASON	√	ADDITIONAL COMMENTS
I wanted to move here.		
My family/friends were not able to support me anymore.		
I couldn't afford to live anywhere else.		
I couldn't get the medical care or the therapy I needed.		
Other		

WHERE I WANT TO LIVE

PREFERENCE	√	COMMENT
NOT SURE I don't know yet, I just don't want to live here anymore. I need to see more options before I can make a decision.		
WITH A FAMILY I'd like to live with a family in the family's home.		
IN MY OWN HOME I'd like to live in my own place, either an apartment or a house. I am willing to have a roommate if needed to afford my housing and supports. This person could be someone else who needs supports, a staff person or someone who also needs a place to live. YES or NO (Circle one)		
IN A GROUP HOME I want to live somewhere with other people with disabilities. I may have a bedroom, but the house is not really my own.		
OTHER		

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THINGS I'LL NEED WHERE I LIVE

I use a wheelchair_____

I need support getting in and out of the wheelchair_____

I need a home without stairs _____

ACCESSIBILITY MODIFCATIONS	√	COMMENTS
The doorways will need to be wide enough to get a wheelchair through.		
If the housing entrance has stairs or a "rise" of any kind, I'll need curb cuts and/or ramps.		
To use my bathroom, I'll need: --Handrails, transfer boards and other supports that can easily taken out. --a roll-in shower, barrier free lift or other changes that require permanently changing the structure.		PLEASE LIST SPECIFIC MODIFICATIONS HERE:
Other		

LEVEL OF SUPPORT I THINK I NEED

LEVEL OF SUPPORT	√	COMMENTS
I want/need someone else to be with me all the time (24 hours a day). I need support getting in and out of a wheelchair: YES or NO (circle one)		
I want/need someone to help me eat, go to the bathroom and get dressed.		
I want to be alone for short periods of time during the day.		
I want to be alone in my home overnight.		

MONEY I CAN COUNT ON:

SOURCE OF INCOME (Social Security, Supplemental Security Income, etc).	AMOUNT I GET EACH MONTH	COMMENTS

THINGS I'LL NEED TO HELP ME MOVE OUT OF THE INSTITUTION

(Start Up Costs)

START UP NEEDS	√	COMMENTS
Utility/Rental Deposits		
Furnishings - linens, couch, chair, etc.		
Appliances- microwave, etc.		
Other Things:		

LIST of WAIVER SERVICES NEEDED TO BEST MEET PERSON'S NEEDS AND PREFERENCES

Waiver under which the applicant will enroll (Circle One):

CAP/MR-DD CAP/DA CAP/CHOICE PACE

WAIVER SERVICE NEEDED:		COMMENTS

SPECIAL EQUIPMENT I NEED

EQUIPMENT	I DON'T HAVE THIS RIGHT NOW	I HAVE THIS AND WILL TAKE IT WITH ME	COMMENTS
Manual Wheelchair			
Power Wheelchair			
Shower Chair			
Adjustable Bed			
Bedside Toilet			
Other			

GETTING AROUND:

WAY I GET AROUND	√	COMMENT
I don't use a wheelchair and can ride in a car		
I use a wheelchair but can get in a car with support.		
I use a wheelchair and need to use a wheelchair accessible van.		

OTHER THOUGHTS OR COMMENTS I HAVE:

My signature:_____

Signature of person assisting me: _____

Name of person assisting me:_____

Phone number of person assisting me:_____

Date we completed this application:_____